

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishme	ent Name	- 1 A		Telephone Number	G (-) - I		PERMIT#
Prossu	Correr	Education Contex	812 741 6740	8/23/	2019	19-236	
Establishment Address (number and street, city, state, zip code)							
4202 C	<u>Lharlesk</u>	in Rd. New Alba		T 11	Thirt		
Owner			•	Purpose:	Follow-up Release Date		
NAFL	Schools			(. Routine	NO TODAY		
Owner's Ad	idress			2. Follow-up	Summary of Violations:		
<u> </u>	19			3. Complaint	1		7. 18
Person in C	harge /	Char Donahare		4. Pre-Operational	nal C NC Z R Q		
Responsible				5. Temporary	Menu Tv	pe <i>(See back</i>	c of page)
Responsible	e rerson's E	·111311		6. НАССР	Wieng 13	po (see ouen	oj page)
Cardfod E	and Manage			7. Other (list)	1, ,	2 V	_45
Certified Food Manager				<u> </u>	\ \		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narra	tive		To Be Co	orrected By
438	C	Observed (2) v	labeled sprage	rs		Corre	ucked
3/0							
<u> </u>		JUJUL - 1115	- 0 - 1 - 20	,,			
		- schedules to	1 000 (, 200	soiled and mading rea			<u>-</u>
389	NC	Oppured with	heads to be	soiled and making rea	mint d	100	7
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Received by (name and title printed): Inspected by (name and title printed):							
(EHS)							
Received by (signature): Inspected by (signature):							
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